



828 North Creek Drive, Suite 101
 Conway, Arkansas 72032
 Ph: (501) 764-0300 Fx: (501) 764-0303

Credit Application

For Internal Use:		
Date: _____	Contact: _____	
Equipment: _____		
Term: _____	Payment: _____	
Purchase Option:	<input type="checkbox"/> 10%	<input type="checkbox"/> FMV <input type="checkbox"/> \$1.00
Advance Rentals: _____		

Lessee: _____ dba: _____

Physical Address: _____

City: _____ County _____ State: _____ Zip: _____

Signer Name: _____ Title: _____ Phone #: () _____

Corporation : (S) _____ (J) _____ Partnership: _____ Proprietorship: _____ Years in Business: _____ yrs. _____ mos.

Nature of Business: _____

Business Account

Bank: _____

Account #: _____

Contact Name: _____

Phone: () _____

Fax: () _____

Personal Account

Bank: _____

Account #: _____

Contact Name: _____

Phone: () _____

Fax: () _____

Trade Reference: _____

Phone: () _____

Address: _____

Trade Reference: _____

Phone: () _____

Address: _____

Trade Reference: _____

Phone: () _____

Address: _____

Principal's Name: _____

Social Security #: _____

Address: _____

Phone #: () _____

City: _____ County: _____ State: _____ Zip: _____

Principal's Name: _____

Social Security #: _____

Address: _____

Phone #: () _____

City: _____ County: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____ Accounting Contact: _____

Resale Certificate # (if applicable): _____

Banks and lenders will not release credit information without customer approval. I hereby authorize the release of credit and financial information.

By: _____ Date: _____

*** Please fax or email completed form [501-764-0303 or email@tiptonequipment.com]. We are unable to process incomplete forms.**